

2. That the evidence is strongly against its having any effect on artificial septicaemia in rabbits.

3. That as far as the above case show it has not had any effect on proved cases of general pyæmia or septicaemia in man.

4. That a fall of temperature and improvement in the general condition comparable to that sometimes produced by antipyretics and hydrotherapy has been observed in some cases of general toxæmia but that in half the recorded cases admissible as evidence it proved inert.

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RIESMAN. "Desquamation of the Skin in Typhoid Fever." *The Amer. Journal of the Med. Sciences.* January, 1904.

Dr. Riesman's interesting resumé of observations on this subject and the recital of two illustrative case reports well deserve a place in the retrospect of medicine.

The following varieties of desquamation in typhoid may be distinguished:—

1. That confined to the rosecolor spots. In some instances each spot has a tiny vesicle upon its summit which quickly passes into a thin scale-like crust.

2. That appearing as a sequel of sudamina. This is confined to the areas that have been the seat of the sudaminal eruption. \* \* \* \* The desquamation is usually furfuraceous but it is sometimes scaly. It occurs upon the trunk and the proximal parts of the limbs and is never seen upon the distal parts of the extremities or upon the face. It appears in the bathed and in the unbathed.

3. In some instances, \* \* \* \* there is in typhoid fever, an extensive almost universal desquamation either furfuraceous or lamellar which seems to be independent of sudamina and in all probability is a trophic change analogous to the shedding of the hair. It affects the trunk and the roots of the limbs, and, in rare instances also the face and the distal parts of the extremities. Usually but not always the extent and the intensity of the desquamation bears a relation to the severity of the fever.

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RUCKER. "The Differential Diagnosis of Typhoid Fever in its Earliest Stages." *The Amer. Journal of Med. Sciences.* January, '04.

After a review of the various methods of differential diagnosis chiefly from the bacteriologic standpoint, Rucker draws up the following conclusions:—

1. There is no single symptom on which alone an early diagnosis of typhoid fever can be made. It is only by careful consideration of the symptom complex that a clinical diagnosis can be arrived at.